| EASTI | ED STATES DISTRICT CO ERN DISTRICT OF PENN Keta S. Jolly | | - | | | |
|---|---|---|--|--------------------|--|--|
| (In to | he space above enter the full name(s) o - against - | of the plaintiff(s).) | - | | | |
| HC | ME Partners America | 0 F | <u>CON</u> Jury Trial: | IPLAINT □ Yes No | | |
| HP | Pennsylvania | LLC 4 | federal | (check one) | | |
| <u> </u> | PA-Borrower- | MS-1 | | E-MAILE | | |
| cannot fit please wr additiona listed in t | ace above enter the full name(s) of the the names of all of the defendants in t ite "see attached" in the space above of I sheet of paper with the full list of nan the above caption must be identical to t ldresses should not be included here.) | he space provided, and attach an nes. The names | | COPY | | |
| I. | Parties in this complaint: | | | | | |
| | List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary. | | | | | |
| Plaintiff | Name Street Address County, City State & Zip Code Telephone Number | Maketo 42 Ki ASTOI 610-S | A S. Jolly ngston ter ny pa 19010 15-5154 | | | |
| Rev. 10/2 | | SEIVE | M | | | |



| | List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary. | | | | |
|--|---|--|--|--|--|
| Defendar | nt No. 1 | Name Home Partners of Amen Ca- Street Address 120 S. RIVENNEW ROL | | | |
| | | State & Zip Code | | | |
| Defenda | nt No. 2 | Name HP Pennsylvania LICI Street Address 180 Sfetson Study County, City Chicago IL 40001 State & Zip Code | | | |
| Defenda | nt No. 3 | Name HPA-BONOUEV-MS-1 Street Address 120 S. RIVEYVEW BIVE County, City Ch 1 (290, 12, 606, 600) State & Zip Code | | | |
| Defenda | nt No. 4 | Name Street Address County, City State & Zip Code | | | |
| | | | | | |
| II. | Basis for Jurisdiction: | | | | |
| Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case. | | | | | |
| Α. | What is the basis for federal court jurisdiction? (check all that apply) Pederal Questions Diversity of Citizenship | | | | |
| B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? DLO DELAWAYE WUNTY, JENEVAL WYSOLODO OF LOCAL AND SALE AND SA | | | | | |
| Rev. 10/20 | masina State (| ourts using an incorrect header? | | | |

| | C. | The basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? |
|------------------------------------|-------------------------------|--|
| | | Plaintiff(s) state(s) of citizenship Plaintiff(s) state(s) of citizenship |
| | | Defendant(s) state(s) of citizenship |
| | III. | Statement of Claim: |
| | compla include cite any | s briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this aint is involved in this action, along with the dates and locations of all relevant events. You may wish to efurther details such as the names of other persons involved in the events giving rise to your claims. Do not y cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a te paragraph. Attach additional sheets of paper as necessary. Where did the events giving rise to your claim(s) occur? |
| | В. | What date and approximate time did the events giving rise to your claim(s) occur? |
| | K aran Sabara | 9111/2021 |
| What happened to you? | COU OV 1 | Facts: On or about May APRIL 2021— nty of Delaware, Media, PA presided ev an Endentrary Hearing related of non-payment of vent waged y the defense. Attorney. |
| Who did what? | 20 9V 00 n | devesses this question specifically dance that exiction could possibly car for all else, with excuption of on-payment of thent. (see 217-ched) |
| Was anyone else involved? | IMA A | the Plaintiff has do amented heseth in airments, and decrease in work butters. Because of general courts chons against the federal mandate has placed the family in opposition of the OC. Declaration causing |
| Who else saw what happened? | _ | mmenint health threats |

| IV. Injuries: | |
|-----------------------|--|
| If you sustained inj | uries related to the events alleged above, describe them and state what medical treatment, if any, |
| you required and re | 1) loss of down-payment to puchase 3) loss of equal un property |
| V. Relief: | nt the Court to do for you and the amount of monetary compensation, if any, you are seeking, and |
| the basis for such of | |
| C CI | En Data Andrew Laboration |
| USMI OF COC | order ounty, pa invallement |
| 2 by | tend acc movatorium as indivoke |
| 3 red | additional judicial Polings |
| | U U |

| I declare under penalty of perjury that the foregoing is true and correct. | | | | |
|---|--|--|--|--|
| Signed this 5 day of 700 , 24 | | | | |
| Signature of Plaintiff Mailing Address Telephone Number | | | | |
| · · | | | | |
| E-mail Address | | | | |
| Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address. | | | | |
| For Prisoners: | | | | |
| I declare under penalty of perjury that on this day of, 20, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania. | | | | |
| Signature of Plaintiff: | | | | |
| Inmate Number | | | | |
| | | | | |

Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial account numbers must include only the last four digits (e.g., xxx-xx-1234)
- Birth dates must include the year of birth only (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by initials only (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

| I. (a) PLAINTIFFS DEFENDANTS DOYVOUR | | | | 100 1 | | |
|--|--|--|--|--|--|--|
| Maketa S | 10/14 | | 1 HPA-150 | owen - | MS-1 CMR 11 | |
| | | Delaware | County of Residence of First Listed Defendant CMCRGO, CALONDO, | | | |
| (b) County of Residence o | f First Listed Plaintiff CEPT IN U.S. PLAINTIFF CA | | | (IN U.S. PLAINTIFF CASES C | ONLY) OGUTY | |
| * # # # # # # # # # # # # # # # # # # # | | | NOTE: IN LAND CO | ONDEMNATION CASES, USE TO CONTRACT OF LAND INVOLVED. | HE LOCATION OF | |
| (c) Attorneys (Firm Name, A | Address, and Telephone Numbe | r) | Attorneys (If Known) | Kenn Com | 15h, | |
| ^ | | • | Thah G | MWIII COIT | | |
| Pro | - H | | I HIGH X | MWDYTZ | E-MAILED | |
| II. BASIS OF JURISD | ICTION (Place on "Y" in | One Box Only) | CITIZENSHIP OF P | RINCIPAL PARTIES | (Place an "X" in One Box for Plaintiff | |
| II. BASIS OF JURISD | 11 | OHE BOX OHIS) | (For Diversity Cases Only) | | and One Box for Defendant) PTF DEF | |
| 1 U.S. Government Plaintiff | 3 Federal Question (U.S. Government | Not a Party) | | TEF DEF 1 | rincipal Place 4 4 | |
| | 1 | JUL 6 | RECO | of Business In | | |
| 2 U.S. Government | 4 Diversity | ip of Parties in Item III) | Citizen of Another State | 2 Incorporated and of Business In | | |
| Defendant | maicale Chizensh | ip of t arnes in riem in | Citizen or Subject of a | 3 Foreign Nation | □ 6 □ 6 | |
| | | | Foreign Country | | | |
| IV. NATURE OF SUIT | | | | Click here for: Nature of | Suit Code Descriptions. OTHER STATUTES | |
| CONTRACT | PERSONAL INJURY | PERSONAL INJURY | FORFEITURE/PENALTY 625 Drug Related Seizure | BANKRUPTCY 422 Appeal 28 USC 158 | 375 False Claims Act | |
| 110 Insurance 120 Marine | 310 Airplane | 365 Personal Injury - | of Property 21 USC 881 | 423 Withdrawal | 376 Qui Tam (31 USC | |
| 130 Miller Act 140 Negotiable Instrument | 315 Airplane Product Liability | Product Liability 367 Health Care/ | 690 Other | 28 USC 157 | 3729(a)) 400 State Reapportionment | |
| 150 Recovery of Overpayment | 320 Assault, Libel & | Pharmaceutical | | PROPERTY RIGHTS 820 Copyrights | 410 Antitrust 430 Banks and Banking | |
| & Enforcement of Judgmen | Slander 330 Federal Employers' | Personal Injury Product Liability | | 830 Patent | 450 Commerce | |
| 152 Recovery of Defaulted Student Loans | Liability 340 Marine | 368 Asbestos Personal Injury Product | | 835 Patent - Abbreviated New Drug Application | | |
| (Excludes Veterans) | 345 Marine Product | Liability PERSONAL PROPERTY | LABOR | 840 Trademark 880 Defend Trade Secrets | Corrupt Organizations 480 Consumer Credit | |
| 153 Recovery of Overpayment of Veteran's Benefits | Liability 350 Motor Vehicle | 370 Other Fraud | 710 Fair Labor Standards | Act of 2016 | (15 USC 1681 or 1692) | |
| 760 Stockholders' Suits | 355 Motor Vehicle Product Liability | 371 Truth in Lending 380 Other Personal | Act 720 Labor/Management | SOCIAL SECURITY | 485 Telephone Consumer Protection Act | |
| 195 Contract Product Liability | 360 Other Personal | Property Damage | Relations | 861 HIA (1395ff) | 490 Cable/Sat TV | |
| 196 Franchise | Injury 362 Personal Injury - | 385 Property Damage Product Liability | 740 Railway Labor Act 751 Family and Medical | 862 Black Lung (923) 863 DIWC/DIWW (405(g)) | | |
| | Medical Malpractice | 1 PRISONER PETITIONS | Leave Act 790 Other Labor Litigation | 864 SSID Title XVI 865 RSI (405(g)) | 890 Other Statutory Actions 891 Agricultural Acts | |
| REAL PROPERTY 210 Land Condemnation | 440 Other Civil Rights | Habeas Corpus: | 791 Employee Retirement | | 893 Environmental Matters | |
| 220 Foreclosure | 441 Voting 442 Employment | 463 Alien Detainee 510 Motions to Vacate | Income Security Act | FEDERAL TAX SUITS 870 Taxes (U.S. Plaintiff | 895 Freedom of Information Act | |
| 230 Rent Lease & Ejectment 240 Torts to Land | 443 Housing/ | Sentence | | or Defendant) | 896 Arbitration 899 Administrative Procedure | |
| 245 Tort Product Liability 290 All Other Real Property | Accommodations 445 Amer. w/Disabilities | 530 General 535 Death Penalty | IMMIGRATION | 871 IRS—Third Party 26 USC 7609 | Act/Review or Appeal of | |
| 250 All Ould Real Hopolty | Employment | Other: | 462 Naturalization Application 465 Other Immigration | n | Agency Decision 950 Constitutionality of | |
| | 446 Amer. w/Disabilities Other | 550 Civil Rights | Actions | ľ | State Statutes | |
| | 448 Education | 555 Prison Condition 560 Civil Detainee - | | | | |
| | | Conditions of Confinement | | | | |
| V. ORIGIN (Place an, "X" | | | | | | |
| | emoved from 3 | Remanded from Appellate Court | | ferred from 6 Multidist er District Litigation | | |
| Proceeding Sta | | 85E | (speci | fy) Transfer | Direct File | |
| W. W. | Cite the U.S. Civil St | atute under which you are fi | iling (Poliot cite junsiliotional et | atutes unless diversity): | Section 19827 | |
| VI. CAUSE OF ACTION | ON Brief description of | ause: | Condition | Dent I buth | 2 Se Bato And Sen a | |
| | Jethad | IH DYUYLUCGI | Mavavierit | MUNIAL INSUIT | ist hand a some line | |
| VII. REQUESTED IN COMPLAINT: | CHECK IF THIS | S IS A CLASS ACTION 23, F.R.Cv.P. | DEMAND \$ | JURY DEMAND | y if demanded in complaint: 9: | |
| VIII. RELATED CAS IF ANY | E(S) (See instructions): | JUDGE | AHA ECK | DOCKET NUMBER _ | 2019-CV-00411 | |
| DATE | | SIGNATURE OF ATTOR | RNEY OF RECORD | | | |
| | - Arena - Law - La | | | | | |
| FOR OFFICE USE ONLY | ~A | | // | M/ 0 W | IDGE | |
| RECEIPT # A | MOUNT | APPLYING IFP | JUDGE_ | МАС. Л | JDGE | |

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- Plaintiffs-Defendants. Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- Jurisdiction. The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" II. in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below. United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here. United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box. Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked. Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; NOTE: federal question actions take precedence over diversity
- Residence (citizenship) of Principal Parties. This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this III. section for each principal party.
- Nature of Suit. Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code IV. that is most applicable. Click here for: Nature of Suit Code Descriptions.
- Origin. Place an "X" in one of the seven boxes. V.
 - Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date. Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation - Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C.

Multidistrict Litigation - Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket. PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statue.

- Cause of Action. Report the civil statute directly related to the cause of action and give a brief description of the cause. Do not cite jurisdictional VI. statutes unless diversity. Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.
- Requested in Complaint. Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P. Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction. Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases. This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.